FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Casten for Congress PO Box 132 ADDRESS (number and street) (Check if address is changed) **Downers Grove** 60515 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mickey@castenforcongress.com (Check if address is changed) Optional Second E-Mail Address Brian@pcmsllc.com COMMITTEE'S WEB PAGE ADDRESS (URL) castenforcongress.com (Check if address is changed) DATE 07 2021 C00648493 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Scheffki, Michelle, M,, Type or Print Name of Treasurer Scheffki, Michelle, M,, [Electronically Filed] 04 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car		e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
	ne of didate	Casten, Sean, , ,	
	didate y Affiliati	on DEM Office Sought: House Senate President	State IL District 06
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam	ne of		
Can	didate		
Par	ty Con	nmittee: (National, State	Democratic,
(d)			Republican, etc.) Part
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
			Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	Ш	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
loin	t Euro	Iraising Representative:	
	it Fullo	• .	
(g)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		. ago 🐱
Casten for Con		
	Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
-		
Underwood Casten Jo	IIII VICTOI Y FUITO	
Mailing Address	918 Pennsylvania Ave., SE	
	Washington DC	20006
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representati	ve Leadership PAC Sponso
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the per	son in possession of committee
	flichelle, M, ,	
Full Name LILL Mailing Address	1230 Chicago Ave	
·	I	
	Downers Grove IL	60515
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Scheffki, North	lichelle, M, ,	
Mailing Address	1230 Chicago Ave	
	Downers Grove IL	60515
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	9

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Full Name of Designated Agent	<u> </u>	
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position	Telephone number	
		accounts, rents
	PNC Bank 401 Ogden Ave	
Mailing Address		
	Downers Grove	
	Downers grove	
		ZIP CODE
Name of Bank, I	CITY STATE :	ZIP CODE
	CITY STATE :	ZIP CODE
Name of Bank, D Mailing Address	CITY STATE : Depository, etc. Amalgamated Bank	ZIP CODE
	CITY STATE : Depository, etc. Amalgamated Bank	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) o	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.	F	FEC ID number	C
	3.	F	EC ID number	C
	4	F	FEC ID number	C
6.	Name of Any Connected Sean Casten Victor	Organization, Affiliated Committee, Joint Fundraisin	ng Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 132		
		Downers Grove		60515
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	draising Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	Mailing Address			
	Mailing Address			
		CITY A	STATE A	ZIP CODE A
	TITLE OR POSITION	•		ZIP CODE A
	Banks or Other Deposito safety deposit boxes or ma	Teleph	STATE ▲	
	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the clintains funds.	STATE ▲	
	Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which the dintains funds.	STATE ▲	
	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the clintains funds.	STATE ▲	
	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the clintains funds.	STATE ▲	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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			1
Mailing Address			
Name of Bank, Depository, etc.			
Banks or Other Deposito safety deposit boxes or ma	ories: List all banks or other depositories in valuations funds.	hich the committee deposit	s funds, holds accounts, rents
		Telephone Number	
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
Mailing Address			
Full Name			
Designated Agent: Identif	y by name, address (phone number – option	al)	
Connecte	d Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Spo
Relationship:	CITY A	STATE A	ZIP CODE ▲
	WASHINGTON	ı DC ı	, 20003
Mailing Address	PO BOX 15320		
	gy and Environment Coalition PA		c, or Leadership PAC Spolist
4. L. Connected	Organization, Affiliated Committee, Joint		
3.		FEC ID number	C
2.		FEC ID number	C
		L FFC ID reverber	

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
HOLD THE HOU	SE PAC		
Mailing Address	401 2ND AVE S		
	Ste 320		
	Seattle	WA	98104
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A